

BLACKFRIARS

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HEALTH AND HOLINESS

WE make no apology for appropriating to the present issue of BLACKFRIARS the celebrated title of Francis Thompson's slim but important volume. Nearly half a century has passed since that work appeared and since that date the need for the introduction of holiness into matters of health has grown. Men have become increasingly 'health-conscious' as they have adopted a more materialistic attitude. In proportion as they have lost faith in spiritual realities, particularly in the reality of the soul and its immortality, they have laid greater stress on happiness through physical well being. The worst evil and misery is not sin, which the modern man does not know, but cancer and other bodily indispositions, which cause physical pain. The problem of evil is for most people the problem of the pains that doctors and nurses are organised to relieve. It is this lack of true perspective that has led to the disproportion shown in so much of the health legislation both in England and America. It accounts also for the fact that so many doctors who devote their lives to the service of sick humanity in a way which is reminiscent of the holiness of the saints nevertheless do not believe in the soul and regard the human frame as no more than an intricate mechanism of nerves and tissues.

Such an idea of a human being is so evidently inadequate that men have sought a wider view in that realm which is neither mere physical mechanics nor truly spiritual action of mind and will, namely in the realm of the psyche and the unconscious. But even so, among the ever increasing army of psychologists, psychiatrists and the like the number of believers in a truly spiritual life of the soul is very small. The whole attitude of 'medicine' today towards the things of the spirit is neatly summed up in a recent remark of a hospital patient after being visited by the very jovial chaplain: 'He is a very good parson; there is nothing religious about him; one doesn't want that, especially in hospital'.

There is a manifest need for getting things into proportion, and the present issue of BLACKFRIARS is designed to contribute towards a reorientation of health towards holiness. For that is the point from which to obtain true perspective. Man the composite has been made one being by God, and that being only achieves its perfect fulfilment and unity in so far as it attains to God himself. By continuing to make man God preserves the essential unity of body and soul, and by making him for the purpose of enjoying the union of the Godhead in heaven God holds all the powers of man together, training them on one point. But with so many different parts in this human composite whole it is easy for them to disintegrate, each part claiming some sort of autonomy. Thus the first sickness must be the sickness of sin which introduces disharmony in the human make-up so that the body and its passions can claim independence. If man's soul could dominate his being as it was originally made to do, disease could hardly enter in—witness the transfiguration of Christ on the Mount where human flesh is entirely possessed by the glory of the soul. The completely holy man will also be the whole man. Indeed many of the saints have displayed a remarkable power over physical disease both in being preserved themselves from terrible contagions and similar evils, and in bringing health to many who had lost it. Our Lord is the greatest example of the latter effect of holiness, for as a rule he brings a true wholeness to the sick and the maimed. 'Thy faith has made thee whole' applies not merely to the removal of the physical deficiency of disease, but to the wholeness which grace brings to the soul. The sick man carries his bed and is cured of his sins; the hungry crowd is miraculously fed in order also to prepare them for the spiritual nourishment with which he, the bread from heaven, is to supply them. Unless we accept the principle that health of the body flows primarily from the soul by which a man lives, all the treatment and medicine given to the

sick and ailing is at best only a partial, symptom-healing attempt to restore health.

Certainly the physician and his medicine, or the surgeon and his knife, do achieve lastingly good results in the human frame without bothering about the man's soul. And the weakness of such systems as that of Christian Science lies in the fact that it ignores the normal part played by nature and natural resources in the life of man. We do not suggest that 'faith-healing' is the proper substitute for medicine, though there is considerably more in 'faith healing' and the healing touch of those who practise it that many are willing to admit. The right proportions must be preserved—man is composed of these different parts, and each part demands its specialist in order to keep the balance of proportion. The Doctor, the Surgeon, the Psychologist and the Priest each has his own field in which to exercise his healing skill. But unless a hierarchy of subordinate professions is preserved the patient instead of being made whole by these healers is pulled to pieces as by a group of fighting vultures. The priest must occupy the headship as ministering to the soul from which life both natural and supernatural derives to the whole being. But the priest must recognise the limits of his sphere to operate. He must beware of becoming a 'know-all' ready to advise on medical and psychological problems as well. Similarly the doctor and the psychologist must respect the spheres of the others. Everyone knows of the lamentable results of the priest playing the psychologist or the doctor advising on religion. Psychologists have been known to advise some to leave the Church and others to enter it according to the 'needs' of the particular temperaments of their patients. Such travesties are happily rare, but there is very little cooperation among all these healers, and practically no recognition of the primacy of the spirit throughout every health treatment.

What is asked therefore is that each type of 'healer' should be recognised as having responsibility in his own sphere—this is the great danger of the new health scheme which undermines responsibility among physicians with the fatal results that many are already experiencing. Not only should each be a specialist—the priest being learned in theology and pastoral practice, the psychiatrist having learnt the exact limitations of his art, the physician being a recognised M.O.—but each should be able to make expert decisions to be carried out by the patient without the interference of the 'less wise' such as is apparent in State control. The priest must be responsible for the holiness of the patient, the psychologist for his

psychological integration, the surgeon and the doctor for the wholeness of his body. If each is allowed to exercise his functions with free responsibility within the defined limits of his competence, then the sick man can receive the particular skill that his condition requires. There is of course a danger from the expert, as one of the contributors to this issue of BLACKFRIARS points out, so that care must be taken that each of these specialists works in conjunction with the others. In other words if he is truly responsible he will recognise that he cannot always tackle every aspect of the disease he is treating and that he must call in the others where needed. Doctors increasingly refer their patients to psychologists and of course to surgeons; but there the cooperation ceases. Psychologists themselves are often similar to Christian Scientists and are not anxious to refer to any other type of specialist.

With the immense advance of scientific knowledge in the realms of medicine and psychiatry it should be possible to achieve a very great wholeness among modern men; but this will never be achieved until the supreme importance of holiness is more widely recognised. As no health scheme ever considers that point of view, and as there remains this great gulf between the idea of health and the idea of holiness in the minds of the majority of those engaged in medicine, it is unlikely that the increased knowledge of the limitations of their science which comes with the vastly increased knowledge of the science itself, will lead to anything more than the greater prestige of the psychologist which we are already witnessing. In other words a degree of cooperation exists between those who are specifically engaged in the pursuit of physical health but omits those who are concerned with spiritual welfare. Moreover State control in this matter of physical health by increasing irresponsibility tends to nullify the good results of the cooperation that does exist. In short what is needed is full responsibility joined with a willing and humble cooperation between those we have listed, a cooperation which is based on a hierarchic order with the spiritual and supernatural at the head.

An example of the evil tendencies we have been describing as well as of a remedy may be seen in the treatment of the sick in religious orders. In earlier times the sick, the aged and the dying were always treated as an integral part of the community. A special section of the conventual buildings was set aside for them and a staff of brethren or sisters was detailed for their care. It was the loving duty of the whole community to care for their own sick, and the presence of Christ the healer of soul and body ruled over that part of the house in a very striking manner. Not only was it a

great honour to be able to care for their own sick; the suffering prayers of the sick under their own roof brought many a blessing on the community while the unselfish acts of charity called forth by these physically incapacitated was a constant source of fervour and self-forgetful devotion. But as the pace of modern life has increased, in a great many religious communities there has been less time to devote to the ailing members. By force of those circumstances it has become necessary in many cases to send sick members of a community to nursing homes and hospitals to be looked after by expert nurses and doctors. This course sounds practical and helpful both to patient and community but in fact it may lead to a shelving of responsibility on the part of the brethren who should care for their own within their spiritual home. It may also lead to a greater insistence on physical health and to a dimming of the sense of the primacy of spiritual welfare; the patient often finds himself in the care of those who have no sense of the spiritual, who refuse to tell him when he has a cancer or when he is to die, who would prefer to see him die unconscious under the influence of drugs and would regard the presence of praying and chanting brethren round the deathbed as sheer superstitious nonsense. If every religious community could find a place for its sick members under its own roof and saw to it that some members were trained in the sane and efficient modern methods of nursing etc., then at least one example would exist of the true relation between holiness and health. Men who are specially dedicated to holiness must give their responsible attention to health, if they are to expect those entirely concerned with health to understand the claims of holiness.

THE EDITOR.